

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH  
Licensure Unit  
P. O. Box 94986  
Lincoln, NE 68509-4986

**APPLICATION TO AMEND A  
WHOLESALE DRUG DISTRIBUTOR LICENSE**

**\*\*\*PLEASE NOTE THAT CHANGE OF OWNERSHIP OR CHANGE OF PREMISES TERMINATES THE LICENSE\*\*\***

<b>1.</b>	Name of Wholesale Drug Distributor:				License #:
<b>2.</b>	Address:	Street/PO Box/Route:			
		City:	State:	Zip:	
<b>3.</b>	Telephone Number:		Fax Number:		
<b>4.</b>	E-mail Address:				
<b>5.</b>	(Check Box) <input type="checkbox"/>	Change of Name:			
	<input type="checkbox"/>	Change of Designated Representative or Corporate Officer for Manufacturers:			
		Effective Date of Change:			
		Old Designated Representative or Corporate Officer:			
		New Designated Representative or Corporate Officer:			
		Supervisor of Designated Representative:			
		Did the supervisor of the designated representative change from your original wholesale drug distributor license application?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>6.</b>	<b>The new designated representative must answer the following questions: (Medical Gas Distributors and Manufacturers are not required to complete this section.)</b>				
	a.	Place of residence for the immediately preceding seven (7) years:			
		Street/PO Box/Route:			
		City:	State:	Zip:	
		Inclusive dates at this address:			

		Street/PO Box/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:		
	b.	Date of Birth:	Place of Birth:	
c.		List of all occupations, positions of employment, and offices held during the immediately preceding seven (7) years, this list should include name of principal business and addresses:		
		Occupation/Position of employment/ offices:		
		Street/PO/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:		
		Occupation/Position of employment/ offices:		
		Street/PO/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:		
		Occupation/Position of employment/ offices:		
		Street/PO/Route:		
		City:	State:	Zip:
		Inclusive dates at this address:		
Occupation/Position of employment/ offices:				
Street/PO/Route:				
City:	State:	Zip:		
Inclusive dates at this address:				

	d.	Have you been, at any time during the immediately preceding seven (7) years, the subject of any proceeding for the revocation of <b>any</b> license? If yes, explain the nature of the proceeding, provide the date of the proceeding and its disposition, and submit official documentation from the entity that revoked the license:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e.	Have you been, at any time during the immediately preceding seven (7) years, either temporarily or permanently enjoined by a court of competent jurisdiction from violations of any federal or state law regulating the possession, control or distribution of prescription drugs? If yes, provide the dates and details of such order and submit official documentation from the court:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f.	Provide a description, including dates, of any involvement by the designated representative during the immediately preceding seven (7) years, other than the ownership of stock in a publicly traded company or mutual fund, with any business which manufactured, administered, distributed, or stored prescription drugs and any lawsuits in which such businesses were named as a party and submit official documentation of any lawsuits:	

g.	Have you ever been convicted of any felony?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, the following documents must be sent directly to the Credentialing Division: 1) Official court records, which includes charges and disposition; 2) A letter from you explaining the circumstances surrounding the conviction; 3) If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required); and 4) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status.			
	h. I have submitted with this application a photograph of the designated representative taken within the immediately preceding 30 days.			
	i. I have submitted fingerprint cards to the NE State Patrol for criminal background checks pursuant to 172 NAC 131-004 for the following personnel.			
	Designated representative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor of the designated representative (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please note that this amendment cannot be processed until the criminal background checks have been received and reviewed by the Department. Criminal Background Checks are not required for Medical Gas Distributors or Manufacturers.</b>				
7.	<b>Lawful Presence in the United States Attestation:</b>			
	If the applicant is a <u>sole proprietorship</u> the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:			
	<i>Please check the appropriate box below:</i>			
	<input type="checkbox"/> I am a citizen of the United States.			
	<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.			
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS				
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.				
<b>Required Signatures (all applicants):</b>				
I attest that I have completed this application and that the statements on this application are true and complete to the best of my knowledge.				
Signature of the designated representative or corporate officer:			Date:	